

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-030838 FILING DATE

APPLICANT(S)

CLAIMS

•	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	3L					
2		1				
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TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	2	↔	↔	↔	↔	↔
TOTAL CLAIMS	5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓					
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS